

**UOCAVA Fax Cover Sheet**  
(with instructions)  
**Uniformed and Overseas Citizens Absentee Voting Act**

PLEASE PRINT

Last Name		First Name		M.I.	Suffix
Date of Birth <div style="display: flex; justify-content: space-between; width: 100%;"><div>MM / DD / YYYY</div></div>		Colorado Legal Residence Street Address			
City/Town		Zip Code		County	
Email Address					
Fax Number-Including the international country code and local area, province or city code (if applicable)					
<b>From the State of Colorado, County of (Insert County Name)</b>					
Designated Election Official		Address			
City	State	Zip Code	County Contact Telephone Number (       )       -		
County Contact Email Address					
Return Your Fax Ballot To (       )       -			County Staff Member		
Total # of Pages Faxed		Total # of Ballot Pages Faxed		Date	

**INSTRUCTIONS**

1. This ballot shall not be duplicated for any other elector.
2. Once the ballot is returned by the elector, it will be counted pursuant to 1-8-116 (4) C.R.S.; however, if an elector requests a replacement ballot, the first ballot returned will be counted pursuant to 1-8-111 (3) C.R.S.
3. The voted ballot must be received by the Clerk and Recorder or Colorado Secretary of State no later than 7:00 p.m. Colorado time (MST) on Election Day.

**SELF-AFFIRMATION**

I am a member of the Uniformed Services, a member of the Merchant Marine, spouse/dependent of a Uniformed Services Member or Merchant Marine, resident overseas elector or a nonresident overseas elector and am qualified to apply for and vote by mail-in ballot.  
**I also understand that by faxing my voted ballot, I am voluntarily waiving my right to a secret ballot.**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>Signature or Mark (Required)</b></div> <div style="display: flex; align-items: center;"><div style="font-size: 2em; margin-right: 10px;">X</div><div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="margin-left: 10px;">Signature (Required)</div></div>	<b>Date Signed (Required)</b> <div style="display: flex; justify-content: space-between; width: 100%;"><div>MM</div><div>/</div><div>DD</div><div>/</div><div>YYYY</div></div>
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**Note:** If any of these pages are not legible, if you do not receive this fax in its entirety or if you would like to confirm receipt of your application/ballot by our office, please contact our office using the County Contact Telephone Number or Contact Email Address.

**SOS RULE 25:** U.S. citizens who are absent from the state, and who are members of the Uniformed Services as defined as the U.S. Armed Forces (Army, Navy, Marines, Air Force, Coast Guard) Merchant Marine, and their spouses or dependents, resident overseas electors, or non-resident overseas electors who are otherwise qualified to apply for and vote by mail-in ballot, ("UOCAVA citizens), may request a Mail-in ballot by fax transmission.